Non-physician practitioners requiring on-premise physician supervision

Applicants listed below who, by state regulation, require on-premise physician supervision, must complete

• Registered Nurses (Other than employees of a Certified Health Department**)

The provider types listed below must complete the appropriate form for their provider type. These forms are also available for download in the Provider Enrollment section. By enrolling for direct payment, you are certifying that services are not provided in the course of employment.

- Audiologists
- Certified Registered Nurse Anesthetists
- Masters' Level Mental Health Professionals
- Nurse Practitioners
- Speech Therapists and Speech Pathologists

Benefit services by non-physician practitioners must be provided in compliance with the following requirements:

- Services must be performed under the direct and personal supervision of an on-premise physician who is immediately available
 when services are provided. This means that the supervising physician must be physically present on the premises when the
 service is provided.
- Services must be ordered by the supervising physician.
- Claims must be submitted through the supervising physician. The non-physician practitioner must look to the supervising or billing provider for compensation.
- The supervising physician's Colorado Medical Assistance Program provider number must appear on the claim form as the supervising physician, the referring physician, or the billing provider.
- Claims must be billed using procedure codes specifically designated for non-physician billing.
- Claims must identify the non-physician practitioner by provider number as the rendering provider.
- The non-physician practitioner applicant must identify the Colorado Medical Assistance Program enrolled physician(s) who will provide on-premise supervision. The supervisor's original signature must be included on the application. An original signature assures that the supervisor is aware of and understands the supervisory role and requirements.

** Employees of a certified Health Agency do not require on premise supervision. Complete this form by identifying the Agency's physician by name and provider number and write "Certified Health Agency" on line one in the space for the physician's signature.

	Supervising Physician name	Colorado Medical Assistance Program Provider #	Supervising Physician's Original Signature
1			
2			
3			
4			
5			
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9			
10			

Revised: April 2009